Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875								Application or Docket Number			
CLAIMS AS FILE (Column 1)						SMALL ENTITY		OR	OTHER THAT		
FOR	NU	NUMBER FILED		NUMBER EXTRA		RATE	FEE	1	RATE	FEE	
ISIC FEE I CFR 1.16(a))	•		• • •		,			7		1	
TAL CLAIMS . CFR 1.16(c))	. ,	minus 20 =				.K1 =	1	OR OR			
DEPENDENT CL	AIMS	<del></del> -			-[.]			- OR	X 1		
CFR 1.16(b))			3 =		- '	K- \$=	<del></del>	OR	X \$		
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					IJ	+1=	<u>                                     </u>	OR	+ = =		
the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL		
	CLAIMS AS AI	MENDE	D-PART II					- <b></b>			
1507	•				•				OTHE	R THAN	
1301	(Column 1).	<del></del>	: (Column 2)	(Column 3)	1 r	· . SMALL	ENTITY	OR		ENTITY	
	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total (37 CFR 1.16(c))	35	Minus			1-1	x:25 =		1	x 1 50 =	FEE	
Independent	12	Minus	" 7	· .	1 1-	x 1/00 :		OR	x : 200=		
FIRST PRESE	MATION OF MULTIP	LÉ DEPEN	DENT CLAIM (37 (	OFR 1.16(dl)	1	180=	· · · · · ·	OR			
<u> </u>					•	F1/150=		OR	+13/30=		
						LOO'L FEE	<del></del>	OR	ADD'L FEE	L	
	(Column 1) CLAIMS	1	(Column 2)	(Column 3)	_	<del> ,</del>	<del></del>	1	·		
	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE	·	RATE	.ADDI- TIONAL · . FEE	
Total (3) CFR 1.16(cl)		Minus		= .	K	: 35 =		OR	x 150 =		
independent OT.CFR 1.16611		Minus		= .	1	:100=		OR:	x : 200=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						180=	· .	OR	+360=		
		· .		<del></del> -	1	OTAL OD'L FEE		OR L	TOTAL ADD'L FEE		
· <del>····</del>	(Column 1)		(Column 2)	(Column 3)				•	·	7	
	CLAIMS REMAINING 'AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	F	RATE	ADDI TIONAL	
Total		. Minus	••	=	X.1	25=	*	00	× 150=	FEE	
Independent DI CFR (.166))		Minus	****		1=	100=	<del></del>		_		
	TION OF MULTIPLE	DEPENDE	NT CLAIM O7 CES	2 1 16(d))		1		-1	31.0	<del></del>	
	WOULDE WATELE	OCT ENUE	III COUNT (3/ CFF	1.10(01)	.Lts	180=		_O.R	360		

If the entry in column 1 is less than the entry in column 2.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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